

**City of Flagstaff**

211 W. Aspen Ave

(928)-779-7660

www.flagstaff.az.gov

**DISABILITY APPLICATION
for
SNOW BERM REMOVAL**☐ New Applicant ☐ Renewal

Applicant Name (disabled person)	Phone ()	Date of Birth
Applicant Address		

Physically Disabled – Medical Certification must be completed by an authorized physician (doctor of medicine, osteopathy, podiatry or chiropractic, licensed to practice medicine in the United States), a registered nurse practitioner or by a hospital administrator. Applicant must have one or more of the following conditions.

- Unable to walk 200 feet without stopping to rest
- Unable to walk without help from another person or a brace, cane, crutch, wheelchair or other prosthetic or assistive device
- Lung disease with forced respiratory, expiratory volume for one second, if measured by spirometry, is less than one liter, or the arterial oxygen tension is less than 60 mm/hg on room air at rest.
- Uses portable oxygen
- Cardiac condition with Class 3 or 4 functional limitations as by American Heart Association standards
- Severely limited in ability to walk due to an arthritic, neurological or orthopedic condition

Medical Certification			
Health Professional Name *	Phone ()	Fax ()	
Hospital Name (if signed by Administrator)			
Mailing Address	City	State	Zip
I certify that the applicant has one or more of the conditions listed above and for that reason is: <input type="checkbox"/> Permanently Physically Disabled <input type="checkbox"/> Temporarily Physically Disabled (must be recertified after 6 months)			
Health Professional Signature (stamp not accepted) *	Medical License or Certification Number		Date
* Must be authorized physician (see above), registered nurse practitioner or hospital administrator. Stamp Not Accepted			

Applicant

I have read the this form and agree to comply with all the requirements for the Snow Berm Removal Service.

Applicant Name	Applicant Signature	Date
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Requirements and Additional Information

- Service is issued to the applicant and may not be transferred to another person or household. You must notify the Public Works Division when service is no longer needed at the address on file (i.e. recovery, moving, etc.)
- If the applicant is not capable of signing, a copy of a power of attorney form is required before the application can be accepted.
- Service is only provided for as long as the Medical Certification remains valid.
- Permanent Disability is valid for three (3) years (provided the Medical Certification remains valid). At the end of the three (3) years a new application is required.
- Temporary Disability is valid for six (6) months (provided the Medical Certification remains valid). At the end of the six (6) months, if the medical condition continues, a new application is required.

For more information, **forms**, or office hours please call: 928-779-7660

City Use Ref # Issued _____ City Agent _____ Issue Date _____ Exp. Date _____